Routeed December 1974

## CALIFORNIA LIQUID WASTE HAULER RECORD

SFUND RECORDS CTR

•	URCES CONTROL BOARD MENT OF HEALTH	999085198
PRODUCER OF WASTE (Must be filled by producer)  Name (print or type): KORGOY-COLYGR M = G.	. HAULER OF WASTE (Must be filled by hauler)	f 111
Code No.	Name (print or type): Superi or Indust	
Fick up Address: 43 (Street) (City)  Telephone Number: 43 63 (1 4330 P.O. or Contract No.:	Business Address: P.O. Box 59389 (Number: Gereet) Telephone Number: 757-1855 Fick Up:	L.A Calif 90059
Order Placed By: By Huylen Date: 6 16 50	State Liquid Waste Hauler's Registration No. (if applicat	iste)
Type of Process	Job No.: 01177 No. of Loads or Trips:	Unit No.:
which Produced Wastes:  (Examples: metal plating, equipment cleaning, oil drillingCode No.  wastewater treatment, pickling bath, petroleum refining)	Vehicle:	ed, Dother
DESCRIPTION OF WASTE (Must be filled by producer)	I certify (or declare) under penalty	. 0: 1
Check type of wastes:  1.	I certify (or declare) under penalty of perjury that the foregoing in the and correct.  Disposer of Macro (Macro)	and authorized agent and titl
3. Desticides 10. Drilling mud 4. Deant studge 11. Denotaminated soil and sand	DISPOSER OF WASTE (MUST be 17/190 by dispos	efiold Ava
5. [] Solvent 12. [] Connery Waste 6. [] Tetracthyl lead sludge 13. [] into Maste 7. [] Chemical toilet Wastes 14. [] Muc and water	Name (print or type): Monterey Park,	Calif. 91754 Code No.
Other (Specify) 15. Brine Code No.	The hauler apove delivered the described waste it was an acceptable material under the terms of Department of Health regulations and local res	d RWQCB requirements, State
Components: (Examples: Hydrochloric acid, lime, caustic aoda, phenolica, solvents (list), metals (list), upper Lower 2 ppm organics (list), cyanide)  1.	The site operator shall submit a legible copy of State Department of Health with monthly fee repo	lization, precipitation) Code No.  Eili injection well Code No.  arton Code No.  e of authorized agent and title  f each completed Record to the
		Nº 195
The waste is described to the best of my ability and is was delivered to a licensed liquid waste hauler (if applicable)	DOD ANDODISATION DELATION TO CONTACT OF OR	TO THE PROPERTY OF THE PROPERT

a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.

Signature of authorized agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.